

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.F. CLASSIFIER		2/3	2/19/01
FORMALITY REVIEW	WK	5C 569	2/26/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☒ Rejected  
☐ Allowed  
☐ (Through numeral) Canceled  
☐ Restricted  
 N Non-elected  
 I Interference  
 A Appeal  
 O Objected

Claim	Date
Final Original	
1	2/14/01
2	2/14/01
3	2/14/01
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7	2/14/01
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Claim	Date
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If more than 150 claims or 10 actions  
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